
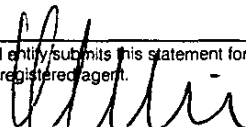
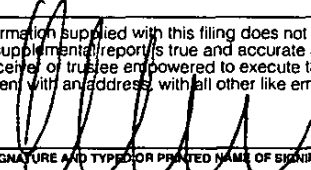


**2005 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED
Apr 22, 2005 8:00 am
Secretary of State

DOCUMENT # P98000036764 1. Entity Name EDM COMMUNICATIONS, INC.			
Principal Place of Business 2780 E. FOWLER AVE. #430 TAMPA, FL 33612		Mailing Address 2780 E. FOWLER AVE. #430 TAMPA, FL 33612	
2. Principal Place of Business 10640 ROOSEVELT BLVD. N.		3. Mailing Address SAME	
Suite, Apt. #, etc. 161		Suite, Apt. #, etc. 	
City & State ST. PETERSBURG FL		City & State 	
Zip 33716		Country USA	
4. FEI Number 59-3506914		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KESSELL, RYAN D 2780 E. FOWLER AVE. #430 TAMPA, FL 33612		7. Name and Address of New Registered Agent Name EDWARD SPOONER Street Address (P.O. Box Number is Not Acceptable) 10460 Roosevelt Blvd. N. #161 St. Petersburg FL 33716 City FL Zip Code 33716	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  EDWARD SPOONER, PRESIDENT DATE APR. 20-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10: OFFICERS AND DIRECTORS		11: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME SPOONER, EDWARD W STREET ADDRESS 2780 E. FOWLER AVE. #430 CITY-ST-ZIP TAMPA, FL 33612	<input type="checkbox"/> Delete	TITLE 10460 Roosevelt Blvd. N. #161 NAME St. Petersburg FL 33716 STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME KESSELL, RYAN STREET ADDRESS 2780 E. FOWLER AVE. #430 CITY-ST-ZIP TAMPA, FL 33612	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  EDWARD SPOONER DATE APR. 20-05 (727) 235-1338 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04192005 Chg-P CR2E034 (10/03)

5/20